

The role of gender and income in the relationship between long working hours and subjective well-being

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AIM. The aim of this study is to check whether the number of working hours per week is related to subjective well-being including gender and country-specific household income as moderators.

RESULTS After controlling for relevant confounders¹, working longer hours a week was related to higher negative affect [exp(b)=1.00; $p=0.021$]. Significant moderating effects were found between income and working hours on negative affect [exp(b)=1.01; $p=0.005$] (figure 1) and quality of life [exp(b)=0.99; $p=0.004$] (see figure 2). Significant moderation was also found between gender and weekly working hours on negative affect [exp(b)=1.00; $p=0.039$] (see figure 3). No effects were observed for positive affect.

METHODS A total of 17,697 currently employed participants were selected from the World Health Organization's SAGE study and from the COURAGE in Europe Study. Generalized linear regression models analyzed the relationship between long working hours and positive affect, negative affect and quality of life including gender and country-specific household income quintiles as moderators. Quality of life was measured with the EUROHIS-QOL-8. Positive and Negative affect was measured with an abbreviated version of the DRM.

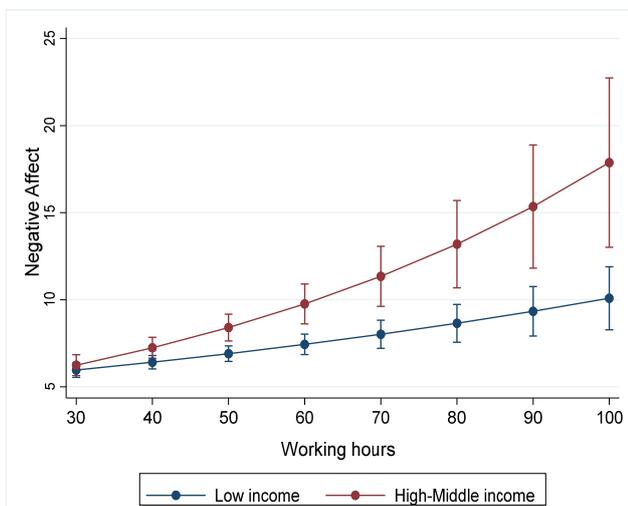


Figure 1. Relationships between weekly working hours, individual income and negative affect scores

CONCLUSIONS The effect of long working hours on negative affect and on quality of life was higher for people with lower income. The effect of working longer hours on negative affect is higher in women than in men. Further studies should analyze the potential mechanisms underlying these moderating effects

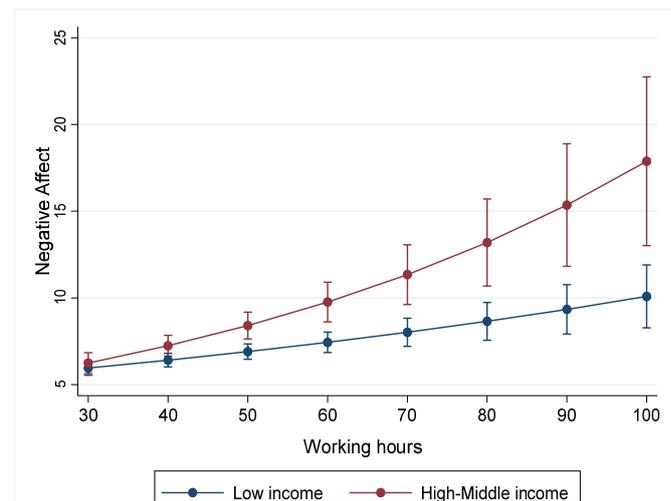


Figure 2. Relationships between weekly working hours, individual income and quality of life scores

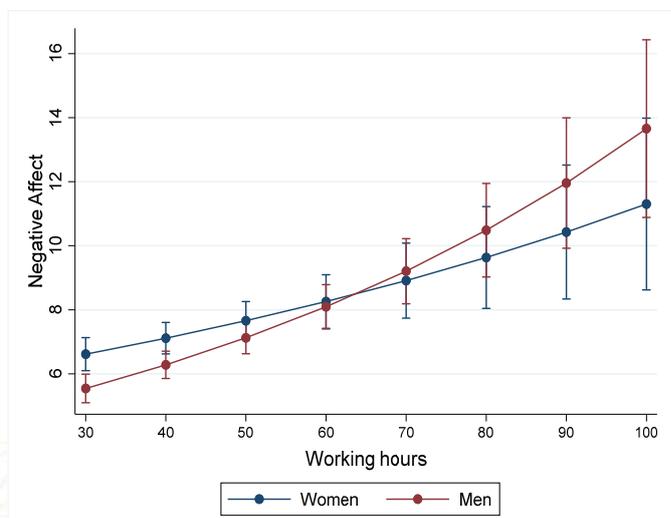


Figure 3. Relationships between weekly working hours, gender and negative affect scores

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¹gender, years of education, age, presence of chronic health conditions, depression (diagnosis or 12-month symptoms), country-specific household income (quintiles) and disability (WHODAS-12). *Corresponding author: maria.cabello@uam.es